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757 7590 02/06/2009 BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO, IL 60610				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			F	leidi A. Da	ıre,	Reg. No. 5	0,775 (Depositor's name)
			Heich A. Dane			(Signature)	
				<u>lpril 27,</u>	200	9	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
	10/517,194 12/06/2004		Lasse Wesseltoft Mogensen		12706/7		7607
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	MENT OF THE LENGTH				
nonprovisional	NO	\$1510	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
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DESANTO, MATTHEW F  1. Change of correspondence address or indication of "Fe		3763	604-093010			2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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Please check the appropri	ate assignee category or	categories (will not be pri	inted on the patent): $\Box$	Individual 🖫 Cor	poratio	n or other private gro	up entity Government
4a. The following fee(s) a  Issue Fee  Publication Fee (No Advance Order - #	re submitted: o small entity discount per of Copies	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this form).</li> </ul>					
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Authorized Signature _	Heigh A.	Dure	Office.	Date Apri			a morganice of outer party in
Typed or printed name <u>Heidi A. Dare</u>			Registration No. 50,775				
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